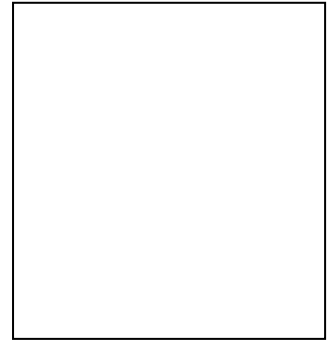


DELHI GYNAECOLOGICAL ENDOSCOPISTS SOCIETY
Membership Application Form



The President
Delhi Gynaecological Endoscopists Society
BLK Super Speciality Hospital
Department of Gynaecology & Obstetrics
Pusa Road, New Delhi - 110005
WebSite :- www.dges.in
Email: dgesblk2019@gmail.com
Contact Us : 9999774988,9873120509, 9910001711

Respected Mam/Sir,

I wish to join the Delhi Gynaecological Endoscopists Society (DGES) as a Life member. Subject to approval of the DGES Executive Board, if admitted, I will abide by the rules and regulations of the society.

Member's Name: _____

Gender: Male / Female _____ Date of birth: date/month/year _____

Address: _____

City: _____ State: _____ Pin code: _____

Phone: _____ Tel. No / Hospital No. _____

Place of Working _____ Primary Speciality: _____

Email id: _____ Qualification _____

Professional affiliation (Hospital/Clinic): _____

Signature: _____

Enclosed: Attached or scanned One Photograph & Cheque/Demand Draft should be made in Favor of "Delhi Gynaecological Endoscopists Society", payable at New Delhi. Yearly Membership Rs. 500/-, Life Membership Rs.3,000/.

Membership fee can also be paid online through RTGS/NEFT/IMPS on the account details given below:

Bank Details:

Bank Account	DELHI GYNAECOLOGICAL ENDOSCOPISTS SOCIETY
Bank Account No.	1522000100400294
Bank Name	PUNJAB NATIONAL BANK, RAJINDRA PLACE
IFS Code	PUNB0152200

*The duly filled form should be sent along with transaction details on
Email Id: **dgesblk2019@gmail.com**.*